

State Controller's Office
Division of Accounting and Reporting
Authorization Form to Release Funds from the
County Tribal Casino Account

County Name: _____

Administrative Costs \$ _____
(Co. admin. costs may not exceed 2% of the aggregate county tribal account)

Name of Jurisdiction/Payee: _____

Mailing Address of Jurisdiction: _____

Name of Approved Project:* _____

Contact Person: _____

Phone number: _____

Amount to be paid from the County Tribal Casino Account \$ _____

The following uses are the priorities for receipt of grant money. Please check the priority(ies) the project satisfies:

Law Enforcement <input type="checkbox"/>	Fire Services <input type="checkbox"/>	Emergency Med Services <input type="checkbox"/>
Environmental Impacts <input type="checkbox"/>	Water Supplies <input type="checkbox"/>	Waste Disposal <input type="checkbox"/>
Behavioral Health <input type="checkbox"/>	Public Health <input type="checkbox"/>	Planning/Adj Land Use <input type="checkbox"/>
Roads <input type="checkbox"/>	Rec & Youth Programs <input type="checkbox"/>	Child Care Programs <input type="checkbox"/>

Authorized Signature
Local Benefit Committee Member

Date

* For multiple projects, make additional copies of this form.